Self-compassion and Hardiness as Protective Factors for Mental Health: Exploring the Relationship and Demographic Differences

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ABSTRACT

Pakistan is facing a severe economic crisis. This time period of economic decline has been challenging for everyone. This unforeseen and drastic change has caused transformation in the daily routines which consequently increased psychological burden for working population. Mental health is a basic human need that has been impacted due to overwork. Current study’s purpose is to examine the association between hardiness, self-compassion and mental health among working adults across the time period of economic decline. The present study purpose is to explore the demographical differences among these variables as well. Data were collected from N=488 working adults (males=256, females=232) by using correlational research design. Self-Compassion Scale Short form, A Short Hardiness Scale and Short Warwick-Edinburgh Mental Well-being Scale were applied to find the study variables. Findings of the current study suggest self-compassion, hardiness and mental health are positively correlated with each other. T-test analysis results indicated that female working adults have good mental health and more self-compassion as compared to males. Married working adults are more self-compassionate and have better mental health. Individuals working in private organizations are harder whereas individuals working in government organizations are self-compassionate and have better mental health. Results were mentioned. Limitations, suggestions and implications of the study were presented for future research.

Key words: Self-compassion, Psychological Hardiness, Mental health, Working Adults, Economic Crisis.
Introduction

From the past 3 years, world is facing an uncertain situation filled with, grief, loss, tension and anxiety due to the spread of covid-19 pandemic. It took the world under complete lockdown resulting in the destruction of economies of many countries with Pakistan being one of its major victims. After that covid – 19 people suffered a lot emotionally and financially, because of loss of their loved ones and also people put their livelihood, career and fortune in danger. Pakistan faces continuing economic disaster and political upset from 2022-2023. Food, gas and petroleum prices increases because of this extreme economic dispute for months.

The economic crisis has impacted the lives of people globally. These unusual changes have taken a great impact on the mental health of employees. Mental health is the base for human welfare and their effective functioning. It is necessary part of well-being that grant to the overall mental health of every individual (WHO, 2004). To get attention is right of working adults’ population as they represent large group in terms of demographical portion, experience profound economical-consequences in economic crisis (loss of income) and are frequently committed with the responsibilities such as providing care to others (taking care of a child) (Kucera et al., 2021). Working adults are generally flexible to stress and other psychological health issues (McGinty et al., 2018). The different kinds of stressors faced by working adults such as negative emotions, poor interaction with co-workers (Bano et al., 2012) including one's own issues (Lillius et al., 2008), exposes them to the conditions that may risk their mental health. Recently, self-compassion and psychological hardiness have gained attention from practitioners and scholars in response to these negative incidents.

Neff (2009) define self-compassion as showing kindness and compassion towards one's self and having a non-judgmental stance towards one's own shortcomings. Working adults are continuously exposed to high workload that affects their ability to involve in self-care at working place. The constant conflict between the amount of work and the amount of time available to oneself prevents self-compassion from developing. Poor health outcomes and stress is result of lack of self-care for oneself (Egan et al., 2019). More the supervisor and coworker are self-compassionate their relationship can be enhanced. (Dodson & Heng, 2022). Studies have shown a strong meaningful relationship of self-compassion with mental health (Horan et al., 2018). It is related to burnout among working population. Research showed increased burnout as a consequence of decreased self-compassion (Atikinson et al., 2017). Driver (2007) reported that self-compassion helps to decreases the pessimistic emotions faced by working adults due to their exposure to any traumatic experience. It depreciates the negative influence of work-family dispute on the mental health of workers.

In a work place, employee face a lot of negative emotions either because of poor interaction with coworkers or the personal matters going on. A cross sectional study by Anjum et al. (2020) revealed that self-compassionate workers experience less emotional exhaustion owing to poor coworker interaction (Crocker & Canevallo, 2008). Research findings revealed that self-compassion is linked with high involvement in jobs and low cognitive and emotional weariness (Babenko et al., 2019). In hospital settings, workers who have better self-compassion provide better services and care to patient (Dev et al., 2018). Studies on standard college instructors indicated that teachers with self-compassion offer better emotional help to their college students. (Jenninngs, 2015). Van der Meulen et al. (2021) found that employees which are self-compassionate manage the stress level as it decreases the level of stress and psychological and bodily pressure. Along with self-compassion, researchers have identified another variable known as psychological
hardiness that helps face stressful life situations. A research study by Hashemi and Eyni (2020) revealed that perceived stress is negatively correlated with self-compassion and hardiness. Thus, self-compassionate people cope with difficulties and failures more adaptively. Such people are more devoted to their life goals and accept more challenges. In other way those people show psychological hardiness.

Hardiness is a personality trait that is associated with a person’s ability to manage and respond to stressful life events with coping strategies that turn potentially unfortunate circumstances into learning opportunities. It is characterized by a tendency to be deeply involved, a need to be in control, and a desire to learn from life’s events regardless of the outcomes (Maddi, S. R., 2004). The three basic elements of hardiness i.e. commitment, control and challenge determine how successfully a person functions in a social environment such as a work place (Lambert et al., 2003). Commitment is all about valuing one’s own life and staying persistent towards one’s goals even at the time of great stress. Being in control way having self-assurance of their ability to affect the situation instead of feeling helpless. Challenge involves viewing tragedy and stress as a part of one’s existence rather than wishing for absence of stressors. Hardy individuals are more stress tolerant as they prefer to face the situation rather than looking for an escape. For example, hardy individual will prefer attending a conference meeting with a supervisor, considering it as an opportunity to persuade supervisor rather than seeing it as a risk to lose position (Judkins et al., 2006). Hardiness is one of the important constructs for the employee wellbeing and career success (Ferreira, 2012). Alexainder and Kalein (2001) conducted a research study on emergency ambulance workers and found that higher level of hardiness is related to lower level of workout among the workers. Hardiness is closely associated with effort engagement Corso et al. (2017) determined a sizeable relationship between hardiness and work engagement. It helps to reduce burnout and increases the work engagement by increasing vigor and dedication. (LoBue et al., 2013). This burn-out and exhaustion may lead to the negative mental health consequences. Positive relationship between hardiness and psychological well-being was found and also act as a buffer against development of impact of stressful consequences (Kobasa et al., 1982).

Ryan and Deci (2001) define mental health as feeling of love, care, happiness and satisfaction from life. It also includes healthy psychological functioning and self-realization. World Health Oragnization (2001) suggested that nearly 450 million people suffer from psychological issues globally. Moreover, approximately 10% of the personnel of different occupations suffer from strain or neurotic issues (Eaton et al., 1990). The economic crisis has impacted psychological health of human beings which later had prominent effect on their physical fitness too (Janula et al., 2020). Psychological health is a great concern for working adults as the studies indicated higher rates of psychological issues and health problems among working adults (Marchand et al., 2011). Results of a study suggested higher rates of mental health issues in working adults (Gelaye et al., 2012). Stress which is related to work can lead to different psychological symptoms such as anxiety, lack of concentration and sleep disorders. Exposure to stress and traumatic experiences at work for long time can cause mental illness (WHO, 2005). If left untreated, these mental problems can lead to employee absenteeism, loss of their interest in work and health lost (Goetzel et al., 2004). Other factors in addition to work factors such as familial situations, individual characteristics, neighborhood and social support are linked with psychological distress among working adults (Marchand & Blanc, 2011).

Mental health is a top priority of working adults especially during the economic crisis. The fear generated because of low income has made people experience psychiatric symptoms such as irritation, stress and anxiety (Ahorasu et al., 2020). Current studies aimed to find out the relationship of self-compassion, psychological hardiness and mental health
among working adults during economic crisis as it has increased the level of psychological distress and anxiety among the working people. When we talk about workplace it is important to talk about gender inclusivity as both men and women are equally a part of work force. Luckily married couples revel in better mental fitness fame (Sylvia Smith, 2019). Gender differences among working adults on all the three studied variables are also taken into account in this study. There is a lack of research in Pakistan regarding how self-compassion and psychological hardiness behave as a protective factor for mental health of working adults during economic crisis, the present research also aims to fill this gap.

Outcomes of this study will help in understanding the significance of self-compassion and psychological hardiness for the effective performance of adults in workplace as well as in promoting the mental fitness of working adults. To investigate the objectives of this research, following hypothesis were formulated:

**Objectives**

- To investigate the correlation among self-compassion, hardiness and mental health.
- To investigate the differences for self-compassion, hardiness and mental health on the demographic variables.

**Hypotheses**

- Self-compassion, hardiness and mental health are positively correlated with each other.
- Individuals working in government organizations have finer mental health, and more self-compassionate than those working in private organization.
- Married working adults have stronger mental health, and are more self-compassionate.
- Female working adults have better mental health and are more self-compassionate than men. Where as the male working adults are hardier than women.

**Methods and Procedures**

**Research design**

In current study Correlational research design was used.

**Participants**

A correlational study was conducted on convenient sample of 488 working adults (N=488). Sample belonging from both public and private sector institutes from different cities of Pakistan. Education level of the participants ranged from graduation to PhD. The data was gathered via both physical and online methods. The participants were selected on voluntarily basis. Informed consent was obtained in the starting. The members were informed approximately the purpose of the have to look at. It was also informed that they had been free to withdraw at any time, without giving a motive and that each one facts and opinions provided might stay nameless and private.

**Instruments**

- Self-Compassion Scale Short form
The scale was developed by Raees et al. (2011) as a short pattern of self-compassion scale containing 12 items of the authentic 26 item scale. Ratings are assessed on five-factor scale starting from 1 (almost never) to 5 (almost always). High score suggest higher level of self-compassion and low score suggest lower level of self-compassion.

❖ **A Short Hardiness Scale**

This scale was formed by Bartone in 1995 to measure the personality hardiness. The scale containing 15 items that cover the three important concepts of hardiness such as commitment, challenge and control. Scores are assessed on rating scale which ranging from 0 (not at all true) to 3 (completely true). High score indicates higher level of hardiness.

❖ **Short Warwick-Edinburgh Mental Well-being Scale**

The scale was formed by Stewart-Brown et al. (2009) as a short version to Warwick-Edinburgh Mental Well-being Scale to measure the mental well-being of a person. This scale consists of 7 items with a total score ranging from 7–35. Score are assessed on 5-point Likert scale ranging from 1 (none of the time) to 5 (all of the time). Higher score shows high level of mental well-being and lower score shows low level of mental well-being.

**Operational Definitions**

❖ **Self-compassion**

It is described as being available and has concerned towards personal sufferings, showing kindness and sympathize with oneself, taking an impartial information of one's shortcomings and insufficiencies and ideas as someone experience as section of larger human adventures (Neff, 2003).

❖ **Hardiness**

It is a character trait that act as a buffer towards the adverse effect of disturbing lifestyle on the health. As aggregate of three important tendencies- dedication, control and mission, hardiness now not simplest facilitates survival inside the traumatic conditions but also flourishes the existence (Kobasa, 1979).

❖ **Mental Health**

Psychological well-being is a mental health focusing on both mental health and healthy psychological functioning. It has two different aspects; the hedonic aspect, which focuses specially on incidents of happiness and satisfaction with life, and the eudemonic aspect, which focuses on healthy functioning and self-realization (Ryan & Deci, 2001).
Results

Table 1: Descriptive statistics for the scales of self-compassion, hardiness and Mental Health (N=488)

<table>
<thead>
<tr>
<th>Variables</th>
<th>K</th>
<th>M</th>
<th>S. D</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Actual</td>
</tr>
<tr>
<td>Hardiness</td>
<td>15</td>
<td>26.23</td>
<td>5.171</td>
<td>0.088</td>
<td>0.536</td>
<td>13-43</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>12</td>
<td>41.19</td>
<td>4.714</td>
<td>-0.073</td>
<td>0.165</td>
<td>28-55</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
<td>27.93</td>
<td>3.300</td>
<td>-0.407</td>
<td>-0.502</td>
<td>18-34</td>
</tr>
</tbody>
</table>

Note, N=488; k=no of items, M=mean, SD=standard deviation.

Table 1 shows descriptive statistics and normality statistics for all the studied variables. skewness and kurtosis values are in acceptable range for claim of normality of data.

Table 2: Pearson product correlation and Cronbach’s Alpha among Study Variables (N=488)

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hardiness</td>
<td>.64</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>2. Self-compassion</td>
<td>-.73</td>
<td>-.027</td>
<td>...</td>
</tr>
<tr>
<td>3. Mental Health</td>
<td>.67</td>
<td>.165**</td>
<td>.131**</td>
</tr>
</tbody>
</table>

**p<.01

Table 2 shows that mental health, psychological hardiness and self-compassion are positively correlated with each other. This shows that increased level of Mental Health is associated with increased level of self-compassion and psychological hardiness. The Alpha coefficient for all included variables ranges from .50 to .64 which indicate satisfactory inter-item consistency.
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Table 3: T-test showing gender differences, organizational differences and marital status differences in Hardiness, self-compassion and Mental Health (N=488)

<table>
<thead>
<tr>
<th></th>
<th>Hardiness</th>
<th>Self-compassion</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
<td>t(p)</td>
<td>LL-UL</td>
</tr>
<tr>
<td>Married (n=272)</td>
<td>25.74(5.79)</td>
<td>-2.35(.02)</td>
<td>-2.03, -.18</td>
</tr>
<tr>
<td>Single (n=211)</td>
<td>26.85(4.20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private (n=228)</td>
<td>27.15(5.59)</td>
<td>3.46(.001)</td>
<td>.71, 2.57</td>
</tr>
<tr>
<td>Government (n=260)</td>
<td>25.51(4.77)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male (n=256)</td>
<td>26.55(5.68)</td>
<td>1.43(.15)</td>
<td>-.25, 1.59</td>
</tr>
<tr>
<td>Female (n=232)</td>
<td>25.88(4.54)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 indicated a significant difference for hardiness, self-compassion and mental health between married and unmarried group. Married working adults are self-compassionate and have better mental health whereas unmarried working adults are harder. The results show significant difference between government and private organization for hardiness. Those working in private organizations are hardier than those in government organizations. Workers in government organizations have better mental health and are more self-compassionate but the results are non-significant. There is a significant difference between genders for mental health. Female working adults have better mental health and are more self-compassionate whereas the male working adults are harder.

Discussion

The aim of this ongoing study was to find out the correlation of self-compassion, hardiness and mental health. Moreover, the study purpose is to explore the differences for self-compassion, hardiness and mental health on the demographic variables. A correlational study was conducted on convenient sample of 488 working adults. Sample belonging from both public and private sector institutes from different cities of Pakistan.

The first hypothesis of the current study was, self-compassion, hardiness and mental health are positively correlated with each other. Results in table 2 shows that there is positive association between mental health and psychological hardiness as well as mental health and self-compassion. This shows that increased level of mental health is associated with increased level of self-compassion and psychological hardiness. The finding of the present study is aligned with previous studies which also suggest that strong meaningful association of self-compassion with mental health (Ghorbani et al., 2018). Self-compassion is linked with extended activity engagement and reduced cognitive and emotional weariness (Babenko et al., 2019).

Second hypothesis was individuals working in government organizations have better mental health, and are more self-compassionate than those working in private organizations. Results in table 3 indicates significant difference between government and private organization for mental health, self-compassion and hardiness. Those working in private organizations are hardier than those in government organizations. Workers in government organizations have better mental health and are more self-compassionate but the results are non-significant. Van der Meulen et al. (2021) recommended that self-compassion can also help personnel control the pressure degree because it reduces the emotions of strain and psychological and bodily fatigue. In government hospital settings, self-compassion makes it simple for the workers to provide good care to patients (Dev et al., 2018). Research on elementary school teachers indicated that self-compassionate teachers were better able to provide their students with emotional support (Jennings, 2015).

Third hypothesis was married working adults have better mental health, and are more self-compassionate. Results in table 3 indicates a significant difference for hardiness, self-compassion and mental health between married and unmarried group. Married working adults are self-compassionate and have better mental health. Previous study is aligned with current results. As Sylvia Smith (2019) concluded happily married couples enjoy higher mental health fame.

Fourth hypothesis was there existing gender difference for hardiness, self-compassion and mental health. There is a significant difference between genders for mental health. Female working adults have better mental health and are
more self-compassionate whereas the male working adults are hardier. Previous research suggested that women are more self-compassion (Emma Seppala, 2013). Taylor found that men display “fight or flight” responses. Whereas women are friendlier and lean toward “tend and befriend. In fact, research suggests that adherence to masculine gender norms is associated with lower ranges of self-compassion. (Reilly et al., 2014). Because of restrictiveness male upbringing differs from female (Levant, 2011; Riggs, 1997) it means that women are more self-compassionate than women.

Implications

Present study will be helpful for the psychologists to deal with patients who face mental health problems due to lack of self-compassion due to high workload that affects patient’s ability to involve in self-care at working place. Moreover, the present study will provide significant guidance that how self-compassion and Hardiness acts as a Protective Factors for Mental Health.

Limitations and suggestions

- The measures used on this look at rely on self-document, which can result in problem biases along with responses which aligned with social desirability. Multiple methods (e.g., self-report, observation and interviews) would be used for further studies.
- The phenomenon of social desirability should be pointed out, since the participants were able to answer the questionnaire in such a way that they reflected a positive image of themselves, not answering sincerely.

Conclusion

The aim of the current study was to investigate the relationship of Self-compassion and Hardiness as a Protective Factors for Mental Health. The study also aims to find demographical differences. The results of current study revealed the significant positive correlation between mental health and psychological hardiness as well as mental health and self-compassion. This shows that increased level of mental health is associated with increased level of self-compassion and psychological hardiness.

Current study also finds that married working adults are more self-compassionate and have better mental health. Significant difference was found among genders for mental health. Female working adults have better mental health and are more self-compassionate whereas the male working adults are hardier. Some constructs of this study is supported by previous studies carried out in different countries, culture and situations. The current results are consistent with previous literature.
References


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